

**Form 1 Cover Sheet and Checklist (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

Contracting Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Implementing Entity: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Months of Project: \_\_\_\_\_  
(Amount must be the same as the total contract cost as reflected in Budget Form 6)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Project Director: \_\_\_\_\_

Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Implementing Entity (if different from contracting entity): \_\_\_\_\_

Federal Identification or Social Security Number: \_\_\_\_\_

Is This Entity a Disabled Veteran's Business Enterprise? \_\_\_\_\_ Yes \_\_\_\_\_ No

Check Type of Organization: \_\_\_\_\_ Non-Profit \_\_\_\_\_ Proprietary \_\_\_\_\_ Higher Education  
\_\_\_\_\_ Local Government Agency \_\_\_\_\_ Other (specify) \_\_\_\_\_

Identify the Regional Center(s) That Proposal Will Serve: \_\_\_\_\_

Identify the Regional Office/Area Board(s) That Proposal Will Serve: \_\_\_\_\_

Identify the Counties That Proposal Will Serve: \_\_\_\_\_

Our organization attended the training sessions \_\_\_\_\_ Yes \_\_\_\_\_ No (Mark the location below)  
\_\_\_\_\_ San Diego \_\_\_\_\_ El Segundo \_\_\_\_\_ Oakland \_\_\_\_\_ Sacramento

Check State Plan Objective(s) Proposal Will Serve:

\_\_\_\_\_ EM1.2 \_\_\_\_\_ ED1.2 \_\_\_\_\_ ED1.4 \_\_\_\_\_ ED1.6

\_\_\_\_\_ TR1.1 \_\_\_\_\_ QA1.5 \_\_\_\_\_ QA2.1

**Form 1 Cover Sheet and Checklist (Page 2) (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

The following forms must be completed in type form, all pages must be numbered and in sequential order. Titles and subtitles as shown in the guidelines must be used.

**LIST PAGE NUMBERS BELOW EACH FORM LISTED BELOW.**

- \_\_\_\_\_ Form 1 Cover Sheet and Checklist (Not to exceed 2 pages)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 2 Project Profile (1 page), Summary (1 page) and Narrative (Not to exceed 7 pages)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 3 Project Management Plan (Not to exceed 2 pages)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 4 Personnel and Organization (Not to exceed 2 pages)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 5 Outcomes and Evaluation Plans (Not to exceed 1 page)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 6 Budget (Not to exceed 4 pages)  
(Pages \_\_\_\_\_)
- \_\_\_\_\_ Form 7 Continuation of Funding (Not to exceed 1 page)  
(Page \_\_\_\_\_)

**LIST PAGE NUMBERS BELOW EACH OF THE ATTACHMENTS.**

Attachments:

- \_\_\_\_\_ Continuation of Funding Letter  
(Page \_\_\_\_\_)
- \_\_\_\_\_ Organizational Chart for the Proposed Project  
(Page \_\_\_\_\_)
- \_\_\_\_\_ Duty Statements, Curricula Vitae, Current Licenses and Credentials  
(Page \_\_\_\_\_)
- \_\_\_\_\_ Minimum of Three (3) Letters of Support  
(Page \_\_\_\_\_)

I certify that I have reviewed the proposal and all required documents are attached; all pages are numbered, and are true, complete and accurate.

Signature of Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Form 2 Project Profile and Narrative (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

**1. Project Profile**

Contracting Entity: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Briefly Describe Type of Program and Services to be Provided: \_\_\_\_\_

Total number and Type of Population Served in this Project. Please describe: \_\_\_\_\_

Total number of individuals with developmental disabilities and their families that will be served by this proposal: \_\_\_\_\_ Consumers \_\_\_\_\_ Family Members

Type of Population that will be served in this Proposal \_\_\_\_\_

List all previous SCDD Grants Awarded by a) Fiscal Year(s), b) Grant Amount(s), and c) Title of Project(s), and current status of program/grant:

\_\_\_\_\_

List all previous grants/awards received from other entities in the last two years **that benefit individuals with developmental disabilities**. This should include the name of project, the funding source, contact person, telephone number and the amount of the grant. (If this is applicable, include as an attachment.)

**Project Summary (1 page) Instructions for the Project Summary and Narrative are provided on page 11.**

**Narrative (7 seven pages) (Include all Titles and Subtitles)**

Narrative should begin with "Applicant Information."

<b>Contracting Entity:</b> _____ <b>Title of Proposal:</b> _____	<b>Form 3 – Project Management Plan (Revised)</b> <b>Community Program Development Grant</b> <b>FY 2004-05</b>						
<b>List Project Activities Needed to Achieve Objectives</b>	<b>Check the Month for Completing Activities Needed to Develop the Project</b>						<b>Identify Staff Responsible for Each Activity</b>
	<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>	



<b>Contracting Entity:</b> _____ <b>Title of Proposal:</b> _____	<b>Form 3 – Project Management Plan (Revised)</b> <b>Community Program Development Grant</b> <b>FY 2004-05</b>						
<b>List Project Activities Needed to Achieve Objectives</b>	<b>Check the Month for Completing Activities Needed to Develop the Project</b>						<b>Identify Staff Responsible for Each Activity</b>
	<b>Month 13</b>	<b>Month 14</b>	<b>Month 15</b>	<b>Month 16</b>	<b>Month 17</b>	<b>Month 18</b>	

<b>Contracting Entity:</b> _____ <b>Title of Proposal:</b> _____	<b>Form 3 – Project Management Plan (Revised)</b> <b>Community Program Development Grant</b> <b>FY 2004-05</b>						
<b>List Project Activities Needed to Achieve Objectives</b>	<b>Check the Month for Completing Activities Needed to Develop the Project</b>						<b>Identify Staff Responsible for Each Activity</b>
	<b>Month 19</b>	<b>Month 20</b>	<b>Month 21</b>	<b>Month 22</b>	<b>Month 23</b>	<b>Month 24</b>	

**Form 4 Personnel and Organization (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

Contracting Entity\_\_\_\_\_

Name of Proposal\_\_\_\_\_

Provide a narrative for the requested information listed on page 12. The number of pages must not exceed two (2). The duty statements, curricula vitae, current professional licenses and credentials, and the minimum three letters of support are not part of the required 2 pages but are to be included as attachments at the end of the proposal package.

**1. Personnel**

\_\_\_\_\_

**2. Organization** (See Instructions on page 13)

**ATTACHMENTS** (All attachments should be attached behind Form 7, see Form 1 checklist for appropriate order, and all attachments must be numbered.)

**Organizational Chart (Attachment)**

**Duty Statement, Curricula Vitae, Current Licenses and Credentials (Attachment)**

**Minimum Three Letters of Support (Attachment)**



**Form 5 Outcomes and Evaluation Plans (1 page) (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

Contracting Entity \_\_\_\_\_

Name of Proposal: \_\_\_\_\_

**A. As part of the California State Council on Developmental Disabilities State Plan, the Council provides funding for new and innovative approaches and to serving Californians with developmental disabilities that are part of an overall strategy for systemic change. Briefly describe how your proposal will address an overall strategy for systemic change.**

\_\_\_\_\_

**B. The federal government requires grantees to track and evaluate consumer satisfaction with Council funded projects, forms will be provided. Describe how you will track and evaluate consumer satisfaction.**

\_\_\_\_\_

**C. List the total number of individuals with developmental disabilities and their families that will be served by this project, and indicate under which definition of developmental disabilities (State or Federal definition, See the Glossary of Terms) they qualify.**

\_\_\_\_\_

**D. Indicate which Council Outcome measures (See Appendix, page 43 & 44) will be used to report outcomes for this project and describe the methodology that will be used.**

\_\_\_\_\_

**Form 6 Budget (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

<b>A. PERSONNEL SERVICES - STAFF SALARIES, WAGES, and BENEFITS</b>				
Position Title	((Monthly Salary + Monthly Benefit))	x Percent	x Months	=Total:
	Amount	of Time	Working on	
		Working on Project	Project	
1. _____				\$ _____
2. _____				\$ _____
3. _____				\$ _____
4. _____				\$ _____
5. _____				\$ _____
6. _____				\$ _____
<b>A. Total Personnel Costs: \$ _____</b>				
<b>B. CONSULTANTS CONTRACT COST</b>				
Position Title:	(Hourly Rate)	x (Number of Hours)	=	Total:
1. _____				\$ _____
2. _____				\$ _____
3. _____				\$ _____
<b>B. Total Consultant Costs: \$ _____</b>				
<b>C. OPERATING COSTS: (LIST ONLY THE OPERATING COSTS THAT APPLIES.)</b>				
1. Postage _____		8. Equipment _____		
2. Printing/Copying _____		9. Training _____		
3. Office Utilities _____				
4. Telephone _____				
5. Office Supplies _____				
6. Staff Travel _____		(Rate per Mile: _34.5 Number of Miles: _____)		
7. Office Rent _____		(Rate per Sq. Ft.: ____/Number of Sq. Ft.: _____)		
<b>C. Total Operating Costs: \$ _____</b>				
<b>SUBTOTAL (Sum of A+B+C) \$ _____</b>				
<b>D. TOTAL ADMINISTRATION/INDIRECT COSTS (10% Maximum) \$ _____</b>				
<b>TOTAL CONTRACT COST (Sum of A+B+C+D): \$ _____</b>				

Advance request for change/revision to the budget shall be submitted to SCDD for prior approval.

**Form 6 Sample Budget (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

<b>A. PERSONNEL SERVICES - STAFF SALARIES, WAGES and BENEFITS</b>					
<b>Position Title</b>	<b>((Monthly Salary+Benefit Amount))</b>		<b>x Percent of Time Working on Project</b>	<b>x Months Working on Project</b>	<b>= Total:</b>
1.Executive Director	\$ 6,250	\$1,562	50%	18	\$ 70,308.00
2 Social Worker	\$ 5,000	\$1,250	50%	12	\$ 37,500.00
3.					\$
4					\$
5					\$
6					\$
<b>A. Total Annual Personnel Costs:</b>					<b>\$ 131,869.00</b>
<b>B. CONSULTANTS SALARY/CONTRACT COSTS</b>					
<b>Position Title:</b>	<b>(Hourly Rate)</b>	<b>x</b>	<b>(Number of Hours):</b>	<b>=</b>	<b>Total:</b>
1. Licensed Psychologist	\$ 100.00 Per Hour		168		\$ 16,800.00
2.					\$
3.					\$
4.					\$
5.					\$
<b>B. Total Annual Consultant Costs:</b>					<b>\$ 16,800.00</b>
<b>C. OPERATING COSTS</b>					
1. Postage	\$ 200.00		8. Equipment	\$ 4,900.00	
2. Printing/Copying	\$ 500.00		9. Training	\$ 2,500.00	
3. Office Utilities	\$ 1,200.00				
4. Telephone	\$ 1,200.00				
5. Office Supplies	\$ 2,000.00				
6. Staff Travel	\$ 1,000.00 (Rate per Mile:0.315 /Number of Miles:3,174)				
7. Office Rent	\$15,000.00 (Rate per Sq. Ft.: 1.25/Number of Sq. Ft.: 1,000)				
<b>C. Total Annual Operating Costs:</b>					<b>\$ 28,500.00</b>
<b>SUBTOTAL (Sum of A+B+C)</b>					<b>\$ <u>177,169.00</u></b>
<b>D. Administration/Indirect Costs (Maximum10%)</b>					<b>\$17,716.90</b>
<b>TOTAL CONTRACT COST (Sum of A+B+C+D):</b>					<b>\$ 194,885.90</b>

Advance requests for change/revision to the budget shall be submitted to SCDD for prior approval.

**Form 6 Sample Budget (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

**SAMPLE BUDGET JUSTIFICATION**

**A. Personnel Services - Staff Salaries, and Benefits**

The program has budgeted one half-time Executive Director and one half-time Social Worker. Staff benefits; may include payroll taxes, workers' compensation, medical/dental insurance, vacation, holidays, and any additional benefits paid to staff.

**B. Consultants Salary/Contract Costs**

The program has budgeted one Licensed Psychologist for 168 hours at \$100.00 per hour. The Licensed Psychologist will provide direct psychological services to patients. A licensed Psychologist is needed for the services provided in this proposal.

**C. Operating Costs**

1. Postage includes regular mail.
2. Printing and copying for mailing and copy services to distribute reports.
3. Office Utilities to cover electricity at \$100.00 per month.
4. Telephone expenditures for 3 lines at \$100.00 per month.
5. Office Supplies includes cost of copy paper, desk supplies, and binders.
6. Staff Travel to visit clients and their families at home around Napa, Sonoma, and Solano.
7. Office Rent to provide office for this project. 1,000 square feet expansion necessary to set up office to meet clients.
8. Equipment includes cost of computer and printer necessary to collect data and write reports. One computer system for total cost of \$2,500, 2 telephones at \$200, two file cabinets at \$500, desk, chair, and bookcase at \$700, and fax machine at \$500. This equipment is necessary to expand office for clients.
9. Training costs include cost of training material for clients and their families.

**D. Administration/Indirect Costs (Maximum of 10%)**

An overview of how these funds are to be used must appear in the budget justification. (A breakdown of administration costs will be provided with each billing statement.)

List any In-Kind costs that will be provided.

**Form 6 Sample Budget (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

**SAMPLE EQUIPMENT LIST**

1. Personal Computer and Printer	\$3,000
2. Telephone	\$ 200
3. Two File Cabinets	\$ 500
4. Desk, Chair, Bookcase	\$ 700
5. Fax Machine	<u>\$ 500</u>

**Total Equipment Cost: \$ 4,900.00**

**Form 7 Continuation of Funding (Revised)**  
**Community Program Development Grant**  
**FY 2004-05**

Contracting Entity: \_\_\_\_\_

Name of Proposal: \_\_\_\_\_

This form shall not exceed one (1) page.

1. Identify the source for continuation funding that will be available when the period of the grant funding expires. If your agency is going to be the continuation of funding source, please list. State how the proposal/project will continue. \_\_\_\_\_

2. Describe whether the continuation of funding source is from a government or a private agency. Provide written verification from that agency for the continuation of funds.  
\_\_\_\_\_

3. If a Regional Center is identified as a continuation of funding source, a vendor code must be provided along with the rate per visit (hourly, daily, monthly, etc.) as set by the Department of Developmental Services' Rates and Vendorization Section.  
\_\_\_\_\_